



INSTRUCTION SHEET FOR APPLICATION FOR LICENSURE REINSTATEMENT

It is illegal to practice as a licensed practical nurse in Georgia unless you have an active (current) license or temporary permit issued by this board. If you have never held a Georgia LPN license, this is the wrong form.

YOU MUST SUBMIT THE FOLLOWING REQUIRED DOCUMENTS WITH YOUR APPLICATION IN A SEALED ENVELOPE FROM THE VERIFYING AGENCIES:	
APPLICATION FEE (nonrefundable)	Please refer to fee schedule for appropriate fee. The nonrefundable fee must accompany each application. Applications received without the fee or with an incorrect fee will be returned without review. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20.
APPLICATION	Type or print in ink. You must respond to all questions. You must use your legal name. If your name has changed, you must submit a copy of the marriage certificate or legal document validating the name change. Include a recent passport-type photograph and have the application notarized.
VERIFICATION OF EMPLOYMENT	Submit the Verification of Employment form to your most recent employer (DON, Personnel Director, Human Resources Department) who can provide verification of your practice as a LPN within the last five years. This form must be returned to the applicant in a sealed envelope. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for reinstatement without completion of a board approved refresher program. If you have not practiced 10 years or more you will have to complete a Licensed Practical Nursing program in its entirety.
VERIFICATION OF LICENSE	If the state where you last worked as a LPN is not Georgia, then you must complete Part I of the Verification Of License form and submit it to the state where you last worked as a LPN. There may be a fee due to that state, contact that state. Request the state to return the verification form to you in a sealed envelope. If the state where you last worked participates in Nursys Verification, you must complete the Nursys' License Verification Request Form available at < http://www.nursys.com >
LETTER OF EXPLANATION	If you responded yes to the Background Information, you must submit a letter of explanation.
FINAL DISPOSITIONS	If you responded yes to questions 10, 11, 13, or 15, you must submit a copy of the final disposition.
OTHER	Submit other information as may be requested.

GENERAL INFORMATION FOR ALL APPLICANTS

APPLICATION REVIEW	Only a fully completed application form with all supporting documentation and fees will be presented to the Board for evaluation. Generally the processing time is between six (6) and eight (8) weeks after a completed application is received. An application is considered fully complete when all supporting documents are received.
APPLICATION DECISIONS	If your application is complete and you meet all the requirements for licensure, a license will be issued to you, subject to board approval, otherwise you will be notified of the status of your application. Decisions of the Board are communicated by letter approximately 15 business days following the board meeting. The Board's office staff is not authorized to discuss Board decisions over the telephone.
APPLICATION STATUS	Follow-up on application status is the responsibility of each applicant. You will only receive one notice of application deficiency. If pending information is not submitted within 12 months of the initial filing date, the application will not receive further consideration by the Board. The applicant must then file a new application and pay the appropriate fee.
TEMPORARY PERMIT	Only applicants submitting a fully completed application, verification of employment form and a current copy of their license practical nurse license may be issued a temporary permit. The temporary permit shall be valid up to six (6) weeks from date of issuance.
ADDRESS AND NAME CHANGES	Please notify this office immediately, in writing, of any address and/or name change. Address changes may also be made via the website www.sos.state.ga.us . The post office does not forward mail from the board. All name changes must include a <u>copy</u> of the official document that changes the name. (Social security cards and drivers licenses are not acceptable.)

**REPLY
POSTCARD**

If you include a self-addressed postage paid postcard, we will acknowledge receipt of your application. You must properly address and stamp the postcard if you wish to be notified that your application has been received. Within fifteen working days of your receipt of the postcard you will receive the status update of your application.

**BOARD
MEETINGS**

The Board meets every other month beginning in January. The Board does not meet in February, April, June, August, October or December.



GEORGIA BOARD OF EXAMINERS OF LICENSED PRACTICAL NURSES
237 Coliseum Drive
Macon, Georgia 31217-3858
(478) 207-1620
www.sos.state.ga.us

APPLICATION FOR LICENSURE REINSTATEMENT

Instructions:

1. Please read the general instructions thoroughly before completing this application
2. If your name has changes since you were last licensed in Georgia, you must submit a copy of the legal document that validates your name change. (Marriage license, divorce decree or Name change petition)
3. Fully complete this application. Type or print clearly. Do not separate the 2 page application. Keep the instructions for your records.
4. Enclose all required documents with the application and a nonrefundable application fee of \$80.00. Checks returned for insufficient funds will be assessed a \$30.00 service charge pursuant to O.C.G.A. §16-9-20. See fee schedule
5. Sign and have the application notarized, a photograph of the applicant must be attached at time of notary. No digital or copies accepted.
6. Submit the Verification of Employment form to your LPN employer to be completed and returned to applicant in a sealed envelope.
7. Submit the Verification of Licensure form to the current state of licensure. You must contact that state. Form must be submitted with application.

SECTION I: PERSONAL INFORMATION

1. NAME

LAST FIRST MIDDLE MAIDEN

2. SOCIAL SECURITY NO.

DATE OF BIRTH

(Required for identification, law enforcement, statistical and administrative purposes)

3. ADDRESS

MAILING ADDRESS

APT #

CITY

STATE

ZIP

If you are granted a license, your name, mailing address and license number become public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change.

4. ADDRESS

PHYSICAL ADDRESS (Post Office Box is not acceptable)

APT #

CITY

STATE

ZIP

5. DAYTIME PHONE

OTHER PHONE

SECTION II: PROFESSIONAL INFORMATION

6. GEORGIA LICENSE NO. LPN

(Attach a copy of identification card, if available)

Date license expired M M - D D - Y Y

7. NAME OF SCHOOL

Date graduated: M M - D D - Y Y

8. LIST STATE (S) OF LICENSURE AS LPN/VN (Include additional sheets if necessary)

State	License #	Expiration date	<u> M </u> <u> M </u> - <u> D </u> <u> D </u> - <u> Y </u> <u> Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	License #	Expiration date	<u> M </u> <u> M </u> - <u> D </u> <u> D </u> - <u> Y </u> <u> Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No
State	License #	Expiration date	<u> M </u> <u> M </u> - <u> D </u> <u> D </u> - <u> Y </u> <u> Y </u>	Current? <input type="checkbox"/> Yes <input type="checkbox"/> No

9. ALL APPLICANTS MUST SUBMIT THE VERIFICATION OF EMPLOYMENT FORM. HAVE YOU WORKED AS A LICENSED PRACTICAL NURSE DURING THE LAST FIVE (5) YEARS IMMEDIATELY PRECEDING THE DATE OF THIS APPLICATION?

- ☐ NO If no, submit the last date of LPN employment _____
- ☐ YES If yes, list all past LPN employment. (LPN practice must have been paid and under the supervision of a RN, physician, podiatrist or dentist.)

Practice Year	LPN Practice (yes or no)	Hours practiced in year	Place of LPN practice: Name of Agency, city, state	Duties
2005	<input type="checkbox"/> YES <input type="checkbox"/> NO			

2004	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2003	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2002	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2001	<input type="checkbox"/> YES <input type="checkbox"/> NO			
2000	<input type="checkbox"/> YES <input type="checkbox"/> NO			

SECTION III: BACKGROUND INFORMATION

If you answer yes to any of the following questions, please attach a letter of explanation. For questions 10, 11, 13 or 15 submit a letter of explanation and a copy of the official document that indicates the final disposition of the action (court indictment, police record, certified warrant/court dismissal, verdict of first offender treatment). You are expected to read each question carefully, completely and notify the Board of any changes to the information. Failure to answer these questions truthfully or to notify the Board of any changes in the information may be grounds for denial of your application or other disciplinary action against you.

10. ☐ YES ☐ NO HAS ANY LICENSE OR CERTIFICATION ISSUED TO THE APPLICANT BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE TAKEN ACTION AGAINST YOUR LICENSE OR REVOKE OR INVESTIGATE OR SUSPEND OR OTHERWISE SANCTION OR DISCIPLINE YOUR LICENSE?
11. ☐ YES ☐ NO HAVE YOU EVER BEEN DENIED ISSUANCE OF OR, PURSUANT TO DISCIPLINARY PROCEEDINGS, REFUSED RENEWAL OF A LICENSE BY ANY BOARD OR AGENCY IN GEORGIA OR ANY OTHER STATE?
12. ☐ YES ☐ NO HAVE YOU EVER FAILED TO RENEW ANY LICENSE OR CERTIFICATION ISSUED TO YOU BY ANY BOARD OR AGENCY IN GEORGIA OR OTHER STATE BECAUSE OF PENDING DISCIPLINARY ACTION OR INVESTIGATION?
13. ☐ YES ☐ NO OTHER THAN MINOR TRAFFIC VIOLATIONS, HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A FELONY OR MISDEMEANOR? (DWI/DUI are not considered minor traffic violations)
14. ☐ YES ☐ NO DO YOU HAVE ANY PHYSICAL OR MENTAL DISABILITY WHICH WILL IMPAIR OR LIMIT YOUR ABILITY TO PRACTICE NURSING?
15. ☐ YES ☐ NO HAVE YOU BEEN REPRIMANDED, DEMOTED, DISCIPLINED, TERMINATED, OR CAUTIONED BY AN EMPLOYER WHILE EMPLOYED WITHIN THE HEALTHCARE FIELD?

AFFIDAVIT

I hereby authorize the Georgia Board of Examiners of Licensed Practical Nurses to receive any criminal history record pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia or any other State or Territory. Under penalties of perjury, I declare and affirm that I am in good physical and mental health with no finding that should prohibit me from the performance of nursing duties and that the statements made in the foregoing application are true, complete and correct. I understand that any false or misleading information in, or in connection with my application, may be cause for denial or loss of licensure. I further certify that I am the person photographed as attached.

**AFFIX ORIGINAL
PASSPORT-SIZED
PHOTO OF
APPLICANT ONLY
(Taken within the last 60
days. No copier or
digital pictures.)**

**Applicant must sign the
back of the photo**

Signature of Applicant _____

Sworn to and subscribed before me this _____ day of _____, 20 ____.

State of _____ County of _____

Notary Public My Commission Expires: _____ (seal)

Note to Notary: Photo must be attached at time of notary



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VERIFICATION OF EMPLOYMENT

Instructions:

1. Complete Section I and sign.
2. Submit this form to your most recent **employer (DON, Personnel Director, Human Resources Department)** who can provide verification of your practice as a LPN within the last five years. If you are unable to provide proof of 500 hours of practice within the last five years, you will not be eligible for licensure without completion of a board approved refresher program.
3. The person completing Section II is to **return** this form to the applicant in a sealed envelope.

Section I (To be completed by applicant)

Name of Applicant _____
Last First Middle Maiden

Address _____
Street City State Zip Code

RELEASE: I do hereby consent to and authorize the release of any and all records and information concerning my employment as a LPN to the Georgia Board of Examiners of Licensed Practical Nurses. I understand this information is required as part of the application for licensure process and will be sent directly to the Georgia LPN Board.

Signature of Applicant _____

Social Security Number _____

Date of Birth _____

Applicant's telephone number _____

Employment Dates: From _____ To: _____

Section II (To be completed by person verifying employment.)

Instructions:

1. Complete Section II of this form
2. LPN employment must have been paid and under the supervision of a RN, physician, podiatrist or dentist.
3. **RETURN THIS FORM TO THE APPLICANT IN A SEALED ENVELOPE.**

1. Employee's Position/Title: _____
2. Was a practical nurse license required?: _____
3. List below the number of **hours** worked per year and duties:

Year	HOURS worked per year	Duties
2005		
2004		
2003		
2002		
2001		
2000		

Company Name _____ Company Address _____ Company City State and Zip _____

Employer Signature _____

Printed Name and title _____

Telephone No.
1/05



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VERIFICATION OF LICENSE

APPLICANT: Complete Part I and submit the entire form to the state where you are current and the state where you worked as a LPN in the five (5) years immediately preceding the date of your application to Georgia. A fee may be required by the state.

PART I

I, _____, HEREBY AUTHORIZE THE STATE OF _____
BOARD OF NURSING TO FURNISH TO THE GEORGIA BOARD OF EXAMINERS OF
LICENSED PRACTICAL NURSES THE INFORMATION REQUESTED BELOW.

Current Phone No. _____

SIGNATURE _____

Social Security No. _____

License No. _____

APPLICANT – DO NOT WRITE BELOW THIS LINE – FOR LICENSING AGENCY USE ONLY

LICENSING AGENCY: The above applicant has applied for reinstatement of practical nurse license in the State of Georgia. Please furnish the Georgia Board the following information:

PART II

License no. _____

Date issued _____

Licensed by: ☐ exam ☐ endorsement ☐ waiver ☐ equivalency ☐ grandfather clause

License status: ☐ current

Expiration date _____

☐ Inactive

Date of last renewal _____

☐ Lapsed

Date of last renewal _____

Has the license ever been encumbered in anyway? (revoked, suspended, surrendered, restricted, limited, placed on probation) ☐ YES ☐ NO

Is the applicant currently under investigation? Yes () No ()

REMARKS: _____

SIGNATURE _____

(BOARD SEAL)

TITLE _____

BOARD ADDRESS: _____

DATE _____

BOARD PHONE NO. _____

NAME _____

ADDITIONAL INFORMATION SHEET - If you answered a question requiring additional information, please use the space below.

[illegible]